

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

02

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 1 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 1 | 3 | 1 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 336659.40 |
| (b) Cash on Hand at Beginning of Reporting Period | 336659.40 | |
| (c) Total Receipts (from Line 19) | 190862.42 | 190862.42 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 527521.82 | 527521.82 |
| 7. Total Disbursements (from Line 31) | 19521.92 | 19521.92 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 507999.90 | 507999.90 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 161066.00 | 161066.00 |
| (i) Itemized (use Schedule A) | 29565.25 | 29565.25 |
| (ii) Unitemized | 190631.25 | 190631.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 190631.25 | 190631.25 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 231.17 | 231.17 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 190862.42 | 190862.42 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 190862.42 | 190862.42 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17500.00 | 17500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 416.66 | 416.66 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 416.66 | 416.66 |
| 29. Other Disbursements..... | 1605.26 | 1605.26 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 19521.92 | 19521.92 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19521.92 | 19521.92 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 190631.25 | 190631.25 |
| 34. Total Contribution Refunds (from Line 28(d)) | 416.66 | 416.66 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 190214.59 | 190214.59 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Hector Ramirez, JR

Mailing Address 7179 SE 94th Ln

City

Ocala

State

FL

Zip Code

34472-9245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology of Huntsville,
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 27794885

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roy A. Holliday

Mailing Address 70 Sixth Avenue

City

Nyack

State

NY

Zip Code

10960-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beth Israel Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: 27794886

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joshua Abramowitz

Mailing Address 72 Saint Stephens School Rd

City

Austin

State

TX

Zip Code

78746-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803256

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Agatston

Mailing Address 2201 Far Gallant Dr

City

Austin

State

TX

Zip Code

78746-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803257

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Aronoff

Mailing Address 9609 Tobrina Ln

City

Austin

State

TX

Zip Code

78759-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803258

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sarah Avery

Mailing Address 120 Birnam Wood Ct

City

Austin

State

TX

Zip Code

78746-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803259

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Banks

Mailing Address 10909 Range View Dr

City

Austin

State

TX

Zip Code

78730-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803260

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lori Barr

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803261

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hillel Ben-Avi

Mailing Address 4501 Spanish Oak Trl

City

Austin

State

TX

Zip Code

78731-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803262

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Bradley Brenner

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803263

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lauren Brown

Mailing Address Austin Radiological Associates
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803264

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chris Butschek

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803265

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Frank Chia

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Suite 250City State Zip Code
Austin TX 78759-5873FEC ID number of contributing
federal political committee.**C**Name of Employer
SUNY Health Science Center
@ BroOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803266

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Connor

Mailing Address 2909 Cherry Ln

City State Zip Code
Austin TX 78703-2821FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803267

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence K. Conrad

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250City State Zip Code
Austin TX 78759-5873FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803268

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Newell Dutton

Mailing Address 3400 Stratford Hills Lane

City

Austin

State

TX

Zip Code

78746-4687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803269

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nabeel Farhataziz

Mailing Address 9908 Cinnabar Trl

City

Austin

State

TX

Zip Code

78726-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Southwestern
Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803270

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Feldman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803271

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fletcher

Mailing Address 2507 Aztec Dr

City

Austin

State

TX

Zip Code

78703-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803272

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Goldblatt

Mailing Address PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803273

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Gray

Mailing Address 3007 Stratford Dr

City

Austin

State

TX

Zip Code

78746-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803274

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 101

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Gunlock

Mailing Address 2604 Shire Ridge Dr

City

Austin

State

TX

Zip Code

78732-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 27803275

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry Hill

Mailing Address Austin Radiological Assoc
PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 27803276

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Hoelscher

Mailing Address 4601 Elohi Dr

City

Austin

State

TX

Zip Code

78746-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 27803277

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Hogg

Mailing Address 1404 Wild Cat Holw

City

Austin

State

TX

Zip Code

78746-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803278

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jody Hooten

Mailing Address 2716 Regents Park

City

Austin

State

TX

Zip Code

78746-6843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803279

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Connie Hsu

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803280

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Shaheen Hussaini

Mailing Address 2406 Griswold Lane

City

Austin

State

TX

Zip Code

78703-2958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803281

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kent Ibanez

Mailing Address 3701 Josh Ln

City

Austin

State

TX

Zip Code

78730-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803282

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Jaimes

Mailing Address 2321 Sheridan St

City

Houston

State

TX

Zip Code

77030-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803283

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ravi Jhaveri

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803284

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles E. Johnson

Mailing Address 13337 Brightsky Overlook

City State Zip Code
Austin TX 78732-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803285

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Karnaze

Mailing Address Austin Radiological Associates
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803286

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Kish

Mailing Address 3608 Travis Country Circle

City

Austin

State

TX

Zip Code

78735-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803287

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Lava

Mailing Address 4701 Ridge Oak Dr

City

Austin

State

TX

Zip Code

78731-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803288

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Leahy

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 100

City

Austin

State

TX

Zip Code

78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803289

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Leake

Mailing Address 6114 Mountainclimb Dr

City

Austin

State

TX

Zip Code

78731-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803290

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marcus Lines

Mailing Address 7 Ehrlich Road

City

Austin

State

TX

Zip Code

78746-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803291

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gael Joan Lonergan

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803292

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Manning

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 100

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Austin | TX | 78759-5826 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iationOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27803293

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Martin

Mailing Address 4201 Green Cliffs Rd

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Austin | TX | 78746-1242 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27803294

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Anthony Masaryk

Mailing Address Austin Radiological Assoc
PO Box 4099

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Austin | TX | 78765-4099 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Austin Radiological Assoc-
iationOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27803295

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Curtis McClurg

Mailing Address 2607 Stratford Dr

City

Austin

State

TX

Zip Code

78746-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803296

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark McLelland

Mailing Address PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803297

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ian McLoughlin

Mailing Address 3120 Wild Canyon Loop

City

Austin

State

TX

Zip Code

78732-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803298

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. M Mercado-Deane

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Suite 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Houston Med Sc-
hool

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803299

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gunar G. Mezaraups

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803300

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrea Michel

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City State Zip Code
Austin TX 78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803301

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Milman

Mailing Address 6409 Williams Ridge Way

City

Austin

State

TX

Zip Code

78731-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803302

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Moorehead

Mailing Address 8206 Sandalwood Cove

City

Austin

State

TX

Zip Code

78757-7522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803303

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jason Naples

Mailing Address Austin Radiological Association
PO Box 4700

City

Austin

State

TX

Zip Code

78765-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803304

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 101

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Nichols

Mailing Address 4507 River Wood Court

City

Austin

State

TX

Zip Code

78731-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803305

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Debra Pennington

Mailing Address 2721 Bartons Bluff Ln

City

Austin

State

TX

Zip Code

78746-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803306

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. F Pfeifer, II

Mailing Address 8029 Muley Dr

City

Austin

State

TX

Zip Code

78759-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803307

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Poag

Mailing Address 15401 Bat Hawk Cir

City

Austin

State

TX

Zip Code

78738-6865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803308

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wilbert Polson

Mailing Address 2403 Camino Alto

City

Austin

State

TX

Zip Code

78746-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803309

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Russell Putnam

Mailing Address 12243 Trautwein Rd

City

Austin

State

TX

Zip Code

78737-9365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803310

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Yvonne Queralt

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 100

City State Zip Code
Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803311

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Reifsnnyder

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 100

City State Zip Code
Austin TX 78759-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803312

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Richards

Mailing Address Austin Radiological Assoc
PO Box 4099

City State Zip Code
Austin TX 78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803313

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Dan Richardson

Mailing Address 8616 Mendocino Dr

City

Austin

State

TX

Zip Code

78735-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803314

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Rodriguez

Mailing Address 1036 Liberty Park Dr Apt 53

City

Austin

State

TX

Zip Code

78746-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803315

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Rutledge

Mailing Address Austin Radiological Assoc
PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803345

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Amy Salinas

Mailing Address 3310 Bridle Path

City

Austin

State

TX

Zip Code

78703-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803346

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rodney Schmidt

Mailing Address 1938 Holly Hill Dr Apt 13

City

Austin

State

TX

Zip Code

78746-7653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803347

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Nadia Shah

Mailing Address Austin Radiological Association
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803348

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Rajeev Shah

Mailing Address 3711 Bridle Path, Apt. A

City

Austin

State

TX

Zip Code

78703-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803349

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sandeep Shah

Mailing Address 7804 Texas Plume Rd

City

Austin

State

TX

Zip Code

78759-6030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803350

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Sheneman

Mailing Address 10703 Winchelsea Dr

City

Austin

State

TX

Zip Code

78750-4039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803351

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Swanson

Mailing Address 1104 Blanco St

City

Austin

State

TX

Zip Code

78703-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803352

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gabrielle Theriault

Mailing Address 8114 Talbot Ln

City

Austin

State

TX

Zip Code

78746-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803353

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eugene Tong

Mailing Address 11405 Cedarcliff Dr

City

Austin

State

TX

Zip Code

78750-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803354

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Trevino

Mailing Address 6712D Valburn Dr

City

Austin

State

TX

Zip Code

78731-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803355

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Simon Trubek

Mailing Address 4705 Maple St

City

Bellaire

State

TX

Zip Code

77401-5726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803356

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Binh Truong

Mailing Address Austin Radiological Associates
PO Box 4099

City

Austin

State

TX

Zip Code

78765-4099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803357

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Williams

Mailing Address 2902 Clearview Dr

City

Austin

State

TX

Zip Code

78703-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803358

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Winsett

Mailing Address 3405 Northwood Cir

City

Austin

State

TX

Zip Code

78703-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iation

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803359

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Wiseman

Mailing Address Austin Radiological Assoc
10900 Stonelake Blvd Ste 250

City

Austin

State

TX

Zip Code

78759-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Radiological Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803399

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Alan D. Chan

Mailing Address 18875 164th AVE NE

City

Woodinville

State

WA

Zip Code

98072-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803403

Amount of Each Receipt this Period

224.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803405

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st PI SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803406

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

784.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803407

Amount of Each Receipt this Period

280.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 4705 220th St SW

City

Mountlake Terrace

State

WA

Zip Code

98043-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803409

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 7856 Scatchet Head Rd

City

Clinton

State

WA

Zip Code

98236-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803499

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ari Mintz

Mailing Address 1421 Lake Rd

City

Lake Forest

State

IL

Zip Code

60045-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Imaging, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27803943

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael King

Mailing Address 7141 N Fansler Way

City

Fresno

State

CA

Zip Code

93711-7142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804184

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Fred Vernacchia

Mailing Address 1100 Monterey St Ste 210

City

San Luis Obispo

State

CA

Zip Code

93401-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Luis Diagnostic Center,
L.P.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804188

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Walker

Mailing Address 8040 Woodpecker Trl

City

Jacksonville

State

FL

Zip Code

32256-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Jacksonville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804189

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Craig Tillman

Mailing Address Trinity Medical Center
2701 17th Street

City

Rock Island

State

IL

Zip Code

61201-5393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiology, S.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804194

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mary Kelly

Mailing Address 197 34th Ave E

City

Seattle

State

WA

Zip Code

98112-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804197

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Smith

Mailing Address 4501 Jewelwood Ct

City

Peoria

State

IL

Zip Code

61615-8935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804237

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip Pretter

Mailing Address 12325 Camberwell Ct

City

Raleigh

State

NC

Zip Code

27614-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804240

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Merle Edwards

Mailing Address 4110 Cottonwood Dr

City

Eau Claire

State

WI

Zip Code

54701-7417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical X-Ray Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804293

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Bowers

Mailing Address 4015 W Robinwood Ct

City

Visalia

State

CA

Zip Code

93291-5555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mineral King Rad Med Group
Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804294

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffry Lindenbaum

Mailing Address 4555 Upland Dr

City

Billings

State

MT

Zip Code

59106-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Billings Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804295

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Craig Folse

Mailing Address 1240 Richardson Rd

City

Calhoun

State

LA

Zip Code

71225-9440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Kutilek

Mailing Address 1853 S 107th St

City

Omaha

State

NE

Zip Code

68124-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Center Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804299

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Archie McGowan

Mailing Address 28 Partridge Hill Rd

City

Newfields

State

NH

Zip Code

03856-8207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portsmouth Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804303

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Jackson

Mailing Address 29 Sunset Blvd

City

Beaufort

State

SC

Zip Code

29907-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaufort Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804304

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Sophia Peterman

Mailing Address 487 Burlington Rd NE

City

Atlanta

State

GA

Zip Code

30307-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Radiology Consu-
ltants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804305

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Chmielewski

Mailing Address 144 N Fairwood Dr

City

Sinking Spring

State

PA

Zip Code

19608-9802

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Good Samaritan Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804309

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Halloran

Mailing Address 227 Kaspens PI

City

Cedar Falls

State

IA

Zip Code

50613-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Medical Spec-
ialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804316

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Coyle

Mailing Address 3496 Spyglass Hill Dr

City

Green Bay

State

WI

Zip Code

54311-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804338

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Curt Snyder

Mailing Address 30 Joyce Ave

City

Morrisonville

State

NY

Zip Code

12962-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer
CVPH Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804346

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kevin Early

Mailing Address 845 Spring St Unit 530

City

Atlanta

State

GA

Zip Code

30308-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804348

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Kurt Tech

Mailing Address 84 Stephens Rd

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804350

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce Bordlee

Mailing Address 1301 W Dumbarton Dr

City

Lake Charles

State

LA

Zip Code

70605-2558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Southwest LA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804351

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Julia Muskie

Mailing Address 3909 Underwood St

City

Chevy Chase

State

MD

Zip Code

20815-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie and
Merriitt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804356

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Donald Frush

Mailing Address 610 Patrick Rd

City

Bahama

State

NC

Zip Code

27503-8717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Univ Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804357

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Miller

Mailing Address Major Hospital
150 W Washington St

City

Shelbyville

State

IN

Zip Code

46176-1265

FEC ID number of contributing
federal political committee.

C

Name of Employer
X-Ray Physicians of Shelbyville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804360

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Dunkle

Mailing Address 6671 Boxcar Pl

City

Indianapolis

State

IN

Zip Code

46220-1786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Radiology Partners, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804361

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Eleanor Smergel

Mailing Address 315 Evans Ave

City

Haddonfield

State

NJ

Zip Code

08033-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tenet Health Corp.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804401

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward Farmlett

Mailing Address 33 Round Bay Rd

City

Laconia

State

NH

Zip Code

03246-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast Radiology, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804402

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Johnson

Mailing Address 401 Mocksville Ave Ste 100

City

Salisbury

State

NC

Zip Code

28144-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Radiological Ass-
ociates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804403

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Budenz

Mailing Address 3293 Knollridge Dr

City

El Dorado Hills

State

CA

Zip Code

95762-4459

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804404

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Lenobel

Mailing Address 8030 Peregrine Ln

City

Cincinnati

State

OH

Zip Code

45243-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professional Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804405

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Hindle, JR

Mailing Address 3521 Davis St NW

City

Washington

State

DC

Zip Code

20007-1426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Valerie Jackson

Mailing Address Indiana University Sch of Med
550 University Blvd

City State Zip Code
Indianapolis IN 46202-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University Sch of
Med

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804408

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christine Rowe-Button

Mailing Address 5 Winding Brook Dr

City State Zip Code
Saratoga Springs NY 12866-6488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804409

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Peter Davis

Mailing Address IRG
2001 Lincoln Way Unit 19

City State Zip Code
White Oak PA 15131-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804410

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Stiles

Mailing Address 2461 Fawn Ridge

City

Stone Mountain

State

GA

Zip Code

30087-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Radiology Consult-
ants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804505

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Martin, JR

Mailing Address 315 E Santa Fe Rd

City

Chillicothe

State

IL

Zip Code

61523-9383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peoria Radiology Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804507

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michelle Kraut

Mailing Address 24 E. Glenbrooke Cir

City

Richmond

State

VA

Zip Code

23229-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
WFUSM Musculoskeletal Rad
Flwshp

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Brown

Mailing Address 2165 Stonecrop Way

City

Golden

State

CO

Zip Code

80401-8523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Radiologis-
ts, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804511

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark LeQuire

Mailing Address 2055 Myrtlewood Dr

City

Montgomery

State

AL

Zip Code

36111-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
c/o Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804520

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ian Peterkin

Mailing Address 2902 Oak Shadow Dr

City

Oak Hill

State

VA

Zip Code

20171-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Harter

Mailing Address 5235 Paseo Cameo

City

Santa Barbara

State

CA

Zip Code

93111-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pueblo Radiology Medical
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804525

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kornick

Mailing Address 1954 Stockbridge Rd

City

Akron

State

OH

Zip Code

44313-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 9

Transaction ID: 27804527

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Riggins

Mailing Address 3692 El Cordero Ranch Springs Rd

City

Martinez

State

GA

Zip Code

30907-4952

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Med
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818294

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 101

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Newcomb

Mailing Address 1425 Princeton Ct

City

Allentown

State

PA

Zip Code

18104-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Imaging of Lehigh
Valley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27818295

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Samuel Fuller

Mailing Address 6310 Rookery Rd

City

Fort Collins

State

CO

Zip Code

80528-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford University

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27818296

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Rizzo

Mailing Address 205 Ballygar Dr

City

Winchester

State

VA

Zip Code

22602-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27818337

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Chaffin

Mailing Address 3881 Clairmont Dr NE

City

Cleveland

State

TN

Zip Code

37312-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818338

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Fitter

Mailing Address 2620 S Saint Louis Ave

City

Tulsa

State

OK

Zip Code

74114-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of South Florida Coll
of Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818339

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Smith

Mailing Address Wishon Radiological Med Group
1504 North Wishon Ave

City

Fresno

State

CA

Zip Code

93728-1897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wishon Radiological Med
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818340

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Malley

Mailing Address Imaging for Women LLC
630 NW Englewood Rd

City State Zip Code
Kansas City MO 64118-3973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging for Women LLC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818344

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Warfel

Mailing Address 2213 NE 160th Ave

City State Zip Code
Vancouver WA 98684-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Pittsburgh Medical
Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818346

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Dybbro

Mailing Address 815 Walnut Ave

City State Zip Code
Burlingame CA 94010-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818348

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Johnston

Mailing Address 2 Northfield Rd

City

Signal Mountain

State

TN

Zip Code

37377-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Diagnostic
Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818349

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald Massee

Mailing Address 721 Iris Ave

City

Corona Del Mar

State

CA

Zip Code

92625-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818350

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. John AufderHeide

Mailing Address 2616 A Fond du Lac Rd

City

Oshkosh

State

WI

Zip Code

54902-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Fox Va-
lley

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818351

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. David Frolich

Mailing Address PO Box 28590

City

Macon

State

GA

Zip Code

31221-8590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc. of Macon

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818358

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kirsten A. Hanson

Mailing Address 1031 Towlston Rd

City

McLean

State

VA

Zip Code

22102-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Radiology Asso-
ciates, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818359

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Wrench

Mailing Address 105 Canon Dr

City

Santa Barbara

State

CA

Zip Code

93105-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pueblo Radiology Medical
Group, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818364

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Warheit

Mailing Address 213 Colonial Ave

City

Albany

State

NY

Zip Code

12208-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Medical Imaging
PC

Occupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818365

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Warren Goldstein

Mailing Address 48 Pourtales Rd

City

Colorado Springs

State

CO

Zip Code

80906-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Springs Radiolog-
ists, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818367

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ian Baronofsky

Mailing Address 204 S East Ave

City

Oak Park

State

IL

Zip Code

60302-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Chicago Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818368

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Charles Tate, III

Mailing Address 1090 SW 15th St

City

Boca Raton

State

FL

Zip Code

33486-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologists of N. Ft. La-
uderdale, PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818374

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jerome Barakos

Mailing Address 34 Shore View Ave

City

San Francisco

State

CA

Zip Code

94121-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Pacific Med Ce-
nter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818376

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Lanzieri

Mailing Address Case Western Reserve Univ Hos
11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Case Western Reserve Univ
Hos

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818397

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Gilbert Whang

Mailing Address 978 S. Marengo Ave Unit 111

City

Pasadena

State

CA

Zip Code

91106-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818399

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jerold Weinberg

Mailing Address 1259 Williamsburg Dr

City

Northbrook

State

IL

Zip Code

60062-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Wunder

Mailing Address 110 Meadowpointe E

City

Hendersonville

State

TN

Zip Code

37075-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imag-
ing, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 0 9

Transaction ID: 27818405

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Pitman

Mailing Address 4161 S Summit Ln

City

Columbus

State

IN

Zip Code

47201-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27818408

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Gibbs

Mailing Address 611 Quail Creek Rd

City

Parsons

State

KS

Zip Code

67357-2257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Charles Gibbs, M.D-
.. L.L.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 4 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27835960

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jerry Glowniak

Mailing Address 21901 Edmunton St

City

Saint Clair Shores

State

MI

Zip Code

48080-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Receiving Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 4 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27835961

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Drew Lambert

Mailing Address 3311 S Massachusetts St

City

Seattle

State

WA

Zip Code

98144-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Health Cooperative

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 27835962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip Traino, JR

Mailing Address 10727 South 70th East Ave

City

Tulsa

State

OK

Zip Code

74133-7114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gen Leonard Wood Army Comm
Hos

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 27835964

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Larkin Selman

Mailing Address 4692 Chestnut Street Ext

City

High Point

State

NC

Zip Code

27265-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burke Radiological Associ-
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

Transaction ID: 27835965

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27842416

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kambiz Shamlou

Mailing Address 1507 Oak Forest Dr

City

Ormond Beach

State

FL

Zip Code

32174-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27842600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Medical Servic-
es, Coralvill

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27849876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Agatston

Mailing Address 2201 Far Gallant Dr

City

Austin

State

TX

Zip Code

78746-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27859154

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27859803

Amount of Each Receipt this Period

208.34

C.

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st Pl

City

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma Health
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 9

Transaction ID: 27861065

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. John Q. Knochel

Mailing Address 2148 Parkside Dr

City

Boise

State

ID

Zip Code

83712-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982170

Amount of Each Receipt this Period

333.34

B.

Full Name (Last, First, Middle Initial)

Dr. John Q. Knochel

Mailing Address 877 W. Main St.
Suite 603

City

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982171

Amount of Each Receipt this Period

437.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey T. Hall

Mailing Address St Alphonsus Regional Med Center
1055 N Curtis Rd

City

Boise

State

ID

Zip Code

83706-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982172

Amount of Each Receipt this Period

333.34

SUBTOTAL of Receipts This Page (optional)

1103.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey T. Hall

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982173

Amount of Each Receipt this Period

437.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Seabourn

Mailing Address 604 Hearthstone Dr

City State Zip Code
Boise ID 83702-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982174

Amount of Each Receipt this Period

333.34

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Seabourn

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982180

Amount of Each Receipt this Period

437.00

SUBTOTAL of Receipts This Page (optional)

1207.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 101

(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Reginald Joseph Gobel

Mailing Address 2400 Shaw Mountain Rd

City

Boise

State

ID

Zip Code

83712-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982181

Amount of Each Receipt this Period

333.34

B.

Full Name (Last, First, Middle Initial)

Dr. Reginald J. Gobel

Mailing Address 877 W. Main St.
Suite 603

City

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982182

Amount of Each Receipt this Period

437.00

C.

Full Name (Last, First, Middle Initial)

Dr. Vicken Garabedian

Mailing Address 877 W Main St Ste 603

City

Boise

State

ID

Zip Code

83702-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982183

Amount of Each Receipt this Period

333.34

SUBTOTAL of Receipts This Page (optional)

1103.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Vicken Garabedian

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982184

Amount of Each Receipt this Period

437.00

B.

Full Name (Last, First, Middle Initial)

Dr. Neil Davey

Mailing Address Gem State Radiology
877 W Main St Ste 603

City State Zip Code
Boise ID 83702-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982186

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Dr. Neil Davey

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982187

Amount of Each Receipt this Period

437.00

SUBTOTAL of Receipts This Page (optional)

1207.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Ian Davey

Mailing Address 2107 Bluestem Ln

City

Boise

State

ID

Zip Code

83706-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982188

Amount of Each Receipt this Period

333.33

B.

Full Name (Last, First, Middle Initial)

Dr. Ian Davey

Mailing Address 877 W. Main St.
Suite 603

City

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982189

Amount of Each Receipt this Period

437.00

C.

Full Name (Last, First, Middle Initial)

Dr. Curtis Coulam

Mailing Address 420 E Curling Dr

City

Boise

State

ID

Zip Code

83702-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982190

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)

1103.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Curtis Coulam

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982193

Amount of Each Receipt this Period

437.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dallas Peck

Mailing Address Gem State Radiology
877 W Main St Ste 603

City State Zip Code
Boise ID 83702-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982194

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Dr. Dallas Peck

Mailing Address 877 W. Main St.
Suite 603

City State Zip Code
Boise ID 83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982195

Amount of Each Receipt this Period

437.00

SUBTOTAL of Receipts This Page (optional)

1207.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Salber

Mailing Address 755 Troutner Way

City

Boise

State

ID

Zip Code

83712-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982196

Amount of Each Receipt this Period

333.33

B.

Full Name (Last, First, Middle Initial)

Dr. Jason Salber

Mailing Address 877 W. Main St.
Suite 603

City

Boise

State

ID

Zip Code

83702-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imaging Center Radiologis-
ts, LLP

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.65

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982197

Amount of Each Receipt this Period

224.65

C.

Full Name (Last, First, Middle Initial)

Dr. Bertram Stemmler

Mailing Address 1626 E Nines Point Ln

City

Boise

State

ID

Zip Code

83702-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982198

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)

891.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 101

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Bertram Stemmler

Mailing Address 877 W. Main St.
Suite 603

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Boise | ID | 83702-5883 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Imaging Center Radiologis-
ts, LLPOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.65

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 0 | 9 |

Transaction ID: 27982199

Amount of Each Receipt this Period

224.65

B.

Full Name (Last, First, Middle Initial)

Dr. Howard Schaff

Mailing Address Gem State Radiology
877 W Main St Ste 603

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Boise | ID | 83702-5858 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Gem State RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 0 | 9 |

Transaction ID: 27982200

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Dr. John Jackson

Mailing Address 788 W Bogus View Dr

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Eagle | ID | 83616-5876 |

FEC ID number of contributing
federal political committee.**C**Name of Employer
Gem State RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 0 | 9 |

Transaction ID: 27982202

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)

891.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Taylor

Mailing Address 2472 W Sugar Crest Dr

City

Eagle

State

ID

Zip Code

83616-6756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27982211

Amount of Each Receipt this Period

333.33

B.

Full Name (Last, First, Middle Initial)

Dr. Anthony Giauque

Mailing Address 4274 N Grenadier Ave

City

Boise

State

ID

Zip Code

83713-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27982213

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Dr. James Butler

Mailing Address 3979 Albert Matthews Rd

City

Columbia

State

TN

Zip Code

38401-8961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Radiology Associ-
ates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27982457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

916.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew Berst

Mailing Address 5431 56th Ave Ct

City

Bettendorf

State

IA

Zip Code

52722-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Iowa Hospitals &
Clinics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982458

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Judd

Mailing Address 12701 Post Oak Road

City

Saint Louis

State

MO

Zip Code

63131-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
South County Radiologists,
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982569

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy E. Moore

Mailing Address Univ of Nebraska Medical Ctr
981045 Nebraska Medical Ctr

City

Omaha

State

NE

Zip Code

68198-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Nebraska Medical
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982570

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Szucs

Mailing Address 3526 Crossings Way

City

Midlothian

State

VA

Zip Code

23113-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Radiology,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982590

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. E Hunter Welles, III

Mailing Address 6 Northwood Ave

City

Jackson

State

TN

Zip Code

38301-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982606

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Giles

Mailing Address 3066 S Whitepost Way

City

Eagle

State

ID

Zip Code

83616-6461

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Alphonsus Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982607

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Zachow

Mailing Address Central Mississippi Medical Ctr
1850 Chadwick Dr

City State Zip Code
Jackson MS 39204-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Medical Center

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982608

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephanie Flagg

Mailing Address 6405 Flanagan Rd W

City State Zip Code
Lakewood WA 98499-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982609

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark McVee

Mailing Address PO Box 4426

City State Zip Code
Soldotna AK 99669-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Peninsula General
Hosp

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982610

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Anne Dawson

Mailing Address 265 Cohasset Rd Ste 140

City

Chico

State

CA

Zip Code

95926-2278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chico Imaging Center

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982611

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Elliot Shoemaker

Mailing Address 4375 Farmington Cir

City

Allentown

State

PA

Zip Code

18104-1962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Medical Cen-
ter

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 27982614

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jody Barber

Mailing Address 19445 County Rd 16

City

Bristol

State

IN

Zip Code

46507-8951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994959

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1216.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Boll

Mailing Address Radiology Inc
PO Box 1258

City State Zip Code
South Bend IN 46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994960

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Brendle

Mailing Address 211 Highland Park Dr

City State Zip Code
Middlebury IN 46540-9071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994961

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Brett Carmichael

Mailing Address 2539 Troon Ct Apt 1-A

City State Zip Code
Elkhart IN 46514-7152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.60

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994962

Amount of Each Receipt this Period

234.60

SUBTOTAL of Receipts This Page (optional)

938.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Albert Cho

Mailing Address 51230 Pine Croft Ct

City

South Bend

State

IN

Zip Code

46637-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola Univ Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994963

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

DR Joel Cohen

Mailing Address The Goshen Health System
200 High Park Ave

City

Goshen

State

IN

Zip Code

46526-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994964

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. David D'Andrea

Mailing Address 51326 Amesbury Way

City

Granger

State

IN

Zip Code

46530-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994965

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Gerard Duprat, JR

Mailing Address 620 W Edison Rd Ste 110

City

Mishawaka

State

IN

Zip Code

46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27994966

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Mary Dynes

Mailing Address Elkhart General Hosp
600 East Blvd

City

Elkhart

State

IN

Zip Code

46514-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27994967

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Alan Engel

Mailing Address 50741 Ashford Ln

City

Granger

State

IN

Zip Code

46530-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 27994969

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 101

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Field

Mailing Address PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27994970

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fischbach

Mailing Address 50600 Fox Trl

City

Granger

State

IN

Zip Code

46530-8598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27994971

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Grantham

Mailing Address 50591 Glenshire Ct

City

Granger

State

IN

Zip Code

46530-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 2 | | 2 | 0 | 0 | 9 |

Transaction ID: 27994973

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Hall

Mailing Address 1260 Garland Rd

City

South Bend

State

IN

Zip Code

46614-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994974

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Alphonse Harding

Mailing Address 17120 Wheatridge Ct

City

Granger

State

IN

Zip Code

46530-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994975

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. John Hill

Mailing Address 1531 Cedar Springs Ct

City

Mishawaka

State

IN

Zip Code

46545-4053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994976

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael R. Holt

Mailing Address 16980 Stonegate Court

City

Granger

State

IN

Zip Code

46530-6947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994977

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Allison Lamont

Mailing Address Radiology Inc
PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994978

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Christine O'Malley

Mailing Address 14264 Avery Pt

City

Granger

State

IN

Zip Code

46530-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994979

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Russell Midkiff

Mailing Address 51930 Quail Valley Dr

City

Granger

State

IN

Zip Code

46530-8875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994980

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Pedro Miro

Mailing Address 50957 Park Ridge Ct

City

Granger

State

IN

Zip Code

46530-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994981

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Eldon W. Olson

Mailing Address 2006 Long Knife Court

City

Louisville

State

KY

Zip Code

40207-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994982

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Ormson

Mailing Address 51194 Midlothian Ct

City

Granger

State

IN

Zip Code

46530-9253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994983

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. Samir Patel

Mailing Address 14208 Avery Point

City

Granger

State

IN

Zip Code

46530-4844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994984

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Karl Schultz

Mailing Address 620 W Edison Ste 110

City

Mishawaka

State

IN

Zip Code

46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994985

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 101

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Seiffert

Mailing Address 620 W Edison Rd Ste 110

City

Mishawaka

State

IN

Zip Code

46545-2784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994986

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Kevin Michael Small

Mailing Address 307 E La Salle Avenue Apt. 322L

City

South Bend

State

IN

Zip Code

46617-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994987

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. Jerrold A. Van Dyke

Mailing Address Radiology Incorporated
PO Box 1258

City

South Bend

State

IN

Zip Code

46624-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994988

Amount of Each Receipt this Period

351.90

SUBTOTAL of Receipts This Page (optional)

1055.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Katrina Vanderveen

Mailing Address 14635 Wheaton Dr

City

Granger

State

IN

Zip Code

46530-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994989

Amount of Each Receipt this Period

351.90

B.

Full Name (Last, First, Middle Initial)

Dr. LeRoy Weaver, JR

Mailing Address 21339 Morse Pl

City

Bristol

State

IN

Zip Code

46507-9032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: 27994990

Amount of Each Receipt this Period

351.90

C.

Full Name (Last, First, Middle Initial)

Dr. James Junker

Mailing Address 16 Fox Meadows

City

Saint Louis

State

MO

Zip Code

63127-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 28011729

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

953.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Barbara Robins

Mailing Address 244 Derwen Rd

City

Merion Station

State

PA

Zip Code

19066-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
FCMC Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 28011730

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Victor Gaines

Mailing Address DRA Imaging PC FI 1
1 Columbia St

City

Poughkeepsie

State

NY

Zip Code

12601-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061846

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jack Hentel

Mailing Address 122 Ridgeview Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Russell Karp

Mailing Address 23 Croft Rd

City

Poughkeepsie

State

NY

Zip Code

12603-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061848

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Friedland

Mailing Address 57 Kingwood Dr

City

Poughkeepsie

State

NY

Zip Code

12601-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061849

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. W Zev Goldstein

Mailing Address Vassar Brothers Hospital
31 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061850

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Philip Amatulle

Mailing Address 14 Angela Ct

City

Hopewell Jct

State

NY

Zip Code

12533-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061858

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Donald Lien

Mailing Address 11 Moon Stone Ln

City

Lagrangeville

State

NY

Zip Code

12540-6243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061859

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bryan Yen

Mailing Address Vassar Brothers Hosp
45 Reade Pl

City

Poughkeepsie

State

NY

Zip Code

12601-3990

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061860

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Antonio

Mailing Address 60 Michaels Ln

City

Poughkeepsie

State

NY

Zip Code

12603-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061861

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Seckler

Mailing Address Hudson Valley Radiologists
1 Columbia St FL 1

City

Poughkeepsie

State

NY

Zip Code

12601-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061862

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Emil Shih

Mailing Address 14 Hilee Rd

City

Rhinebeck

State

NY

Zip Code

12572-2347

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061866

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Shashidhar Reddy

Mailing Address 152 Brandon Terrace

City

Albany

State

NY

Zip Code

12203-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist,
P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061867

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Bromley

Mailing Address 21 Stonewall Farm Rd

City

Mahopac

State

NY

Zip Code

10541-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Valley Radiologist-
s, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061868

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce Gendron

Mailing Address 27 Timberline Dr

City

Poughkeepsie

State

NY

Zip Code

12603-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061869

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Jay Crystal

Mailing Address 110 Canaan Rd

City

New Paltz

State

NY

Zip Code

12561-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061870

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Buccambuso

Mailing Address 2559 Sunridge Cir.

City

Twin Falls

State

ID

Zip Code

83301-8105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Idaho Radiology,
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061887

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Julie Timins

Mailing Address 20 Footes Ln

City

Morristown

State

NJ

Zip Code

07960-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061889

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Huss

Mailing Address 4838 W Corsican Pine Dr

City

Appleton

State

WI

Zip Code

54913-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061890

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Pedro Collazo-Ornes

Mailing Address 707 Calle Concordia

City

San Juan

State

PR

Zip Code

00907-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061891

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Deborah Lucas

Mailing Address Southeastern Overread Services
3801 W Market St

City

Greensboro

State

NC

Zip Code

27407-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Radiology -
Greensboro, N

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061893

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Alline

Mailing Address Jefferson Radiology Associates
1111 Medical Center Blvd Ste 108

City State Zip Code
Marrero LA 70072-3192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28061894

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ajay Goyal

Mailing Address 8028 Plantation Lakes Dr

City State Zip Code
Port Saint Lucie FL 34986-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28062434

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Sparks

Mailing Address 131C W Galloway Rd

City State Zip Code
Jonesborough TN 37659-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists
Inc

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28062438

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. William Donovan

Mailing Address Backus Hospital
326 Washington St

City State Zip Code
Norwich CT 06360-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Backus Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28062440

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Olsen

Mailing Address Ohio State University Hospital
410 W 10th Ave

City State Zip Code
Columbus OH 43210-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University Hos-
pital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28062441

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Grantham

Mailing Address 50591 Glenshire Ct

City State Zip Code
Granger IN 46530-4978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: 28062442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Vineet Sharma

Mailing Address 1113 Frances Ave

City

Nashville

State

TN

Zip Code

37204-3917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Diagnostic Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 28062443

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Neal Joseph

Mailing Address 6542 NW 33rd Ave

City

Boca Raton

State

FL

Zip Code

33496-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Hollywood

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 28062444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lincoln K. Pao

Mailing Address 140 S Bedford Rd

City

Chappaqua

State

NY

Zip Code

10514-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornell

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 28062445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Susan Edwards

Mailing Address 13101 Waterrock Ln

City

Arcadia

State

OK

Zip Code

73007-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28066394

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28066405

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bill Warren

Mailing Address UWMC
Box 357115

City

Seattle

State

WA

Zip Code

98195-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28066406

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City

Salem

State

OR

Zip Code

97302-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Iowa Hospitals &
Clinics

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28066408

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28066409

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edgar Scott Ferguson

Mailing Address 200 S Rhodes St

City

West Memphis

State

AR

Zip Code

72301-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Outpatient Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: 28199912

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 101

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Kristy

Mailing Address West River Radiology
PO Box 1110City State Zip Code
Hettinger ND 58639-1110FEC ID number of contributing
federal political committee.

C

Name of Employer
West River Regional Medic-
al CenterOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 28199913

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st PI

City State Zip Code
Tulsa OK 74133-6912FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma Health
Sci CtrOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 8 | | 2 | 0 | 0 | 9 |

Transaction ID: 28389647

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$416.66 This changes the YTD Total to \$0.-
00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

161066.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 101

(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

231.17

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 28253807

Amount of Each Receipt this Period

231.17

Interest

SUBTOTAL of Receipts This Page (optional)

231.17

TOTAL This Period (last page this line number only)

231.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 101

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American College of Radiology Association

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye Mailing Address PO Box 68444 | Transaction ID: 27812499 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div> |
| City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement Candidate Name Rep. Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>3500.00</div> <div>011</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214 Purpose of Disbursement Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 27812500 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> <div>011</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) Matheson For Congress Mailing Address 677 South 200 West Suite A City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 27812501 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 101

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 31

Transaction ID: 27812525

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 818 Connecticut Avenue Northwest
Suite 1100

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name

Glacier PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 27812533

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

17500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 101

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st PI

City
Tulsa

State
OK

Zip Code
74133-6912

Purpose of Disbursement
Refund of Contribution Made on 1/15/2009

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 28055383

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2009

Amount of Each Disbursement this Period

416.66

Refund of Contribution Made on 1/15/2009

SUBTOTAL of Disbursements This Page (optional)

416.66

TOTAL This Period (last page this line number only)

416.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 101

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 28253827

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1605.26

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1605.26

TOTAL This Period (last page this line number only)

1605.26